TD. 262 (REV.	EXPENSE CLAIM					ns and *Pri Reverse S				Page	1 of	Pag	jes
CLAIMANTS NAME					SSN or EMPLOYEE NUMBER*				DEPARTMENT ADP				
Renee Zito													
TION CB/ID No.						DIVISION or BUREAU				INDEX NUMBER			
RESIDENCE ADDRESS *						Office of the Director HEADQUARTERS ADDRESS 1700 K Street						1500/33036 TELEPHONE NUMBER	
										445-1943			
CITY STATE ZIP CODE						CITY				STATE ZIP CODE			
CA							Sacramento				CA	9581	1
8:00-5:00						(2) PRIVATE VEHICLE LICENSE NUMBER				(3) MILEAGE RATE CLAIMED 0.550			
4) MONTHYEAR (6)		(7)	(8)	MEALS		(9)	(10) TRANSPORTAT			TION		(11)	(12)
Aug 2009	LOCATION WHERE EXPENSES		O.T., L		O.T., L/ N/C, REL	T.	(A) (B)		(C)	(D)			TOTAL
) WERE INCURRED		LODGING	FAST	LUNCH	OR DINNER	TALS	COST OF TRANS.	TYPE	TOLLS,	PRIVATE CAR USE		EXPENSE	FOR DAY
1200	Sacramento				DINNE			2010	PARKING	MILES			
5 1700	Sacramento							PC	5,50		0.00		5.50
											0.00		0,00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
					18) En					0.00		0.00
					1//1	406		=	Vene		0.00		0.00
						Laure Contract	8 2009	620	lone in		0.00		0.00
					LDI	RECTOR	S OFF	DE I			0.00		0.00
			e de la		de			4			0.00		0.00
						1.45	1				0.00		0.00
3)	SUBTOTALS	0.00	0.00	0.00	0,0	0.00	0.00		5,50	0.00	0,00	0.00	5.50
COLUMN	CODE (ACCTG. USE ONL)	Y) 10 10 10 10 10 10 10 10 10 10 10 10 10	高 東 東 東 東 東 東 東 東 東 東 東 東 東		NU EN	N WANTE	the state of					BARRE	
	0. 4.0. TOTAL												00.00
	CLAIM TOTAL												\$5.50